



### **Community Supports Claim Reconciliation Process**

1. On the 10<sup>th</sup> of each month, Ceres submits a batch of claims for services rendered in the previous month.
2. After submitting the claims, we run an EDI report check in EZClaim to ensure that our claims were “accepted into the adjudication”. This report is usually available within 1 business day from the date of submission. The report is also available in the sFTP site. The report is titled “STS\_ceresproj”.
3. If the claims are not accepted, we email PHC’s EDI department to troubleshoot what happened. To date, only missing data has caused this to happen (missing ICD code, patient’s billing State, etc.). EDI: [edi-enrollment-testing@partnershiphp.org](mailto:edi-enrollment-testing@partnershiphp.org)
4. Once the claims are accepted into adjudication, PHC will generally start paying the claims within a week of submission.
5. Weekly following claim submission, we log into the PHC Portal and check for the Remittance Advice. This report will show me what PHC has paid/denied/adjusted and is followed by a payment. We send the Remittance Advice to our Finance department for documentation and alert them that we will be receiving a check.
6. Once an EOP is available, and a check has been sent, we reconcile our claims in EZClaim. This is a different workflow that happens in EZClaim and is automatic. If you do not have EZClaim, you can use the data on the Remittance Advice to reconcile what’s been paid and what hasn’t.
7. Once we know what has been denied or adjusted, we investigate the claim. To date, every adjustment or denial we have received, we have been able to reverse and be paid in full (with the exception of clients who lost their Medi-Cal at some point during the billing period and we cannot recover that loss).
8. Common erroneous adjustments/denials we have received include: no TAR on file that approves services on the claim, services have already been paid at the maximum allowable amount.
9. We investigate that there is a TAR approved on file or that we have not billed the maximum allowable amount. We then email the Claims Helpdesk: [claimsecmhelpdesksr@partnershiphp.org](mailto:claimsecmhelpdesksr@partnershiphp.org) and list the claim control number on the claim in question, and the TAR number to back up the claim.
10. We hear back from PHC usually within 1-2 business days, they reverse the adjustment/denial and we see the payment on the following check.

Note: although we submit one batch of claims, PHC usually pays in multiple batches. We follow this process weekly until the entire batch is reconciled.